



COMBINED DECLARATION AND POWER OF ATTORNEY

944-003.203
(Docket Number)

below named inventor, I hereby declare that:

- residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Flat and Extendable Stylus**;

- the specification of which is attached hereto unless the following box is checked: ☒. If the box is checked,

the application was filed on **January 28, 2004**,

as U.S. Application Number **10/766,519**,

or PCT International Application Number

and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application			Priority Not Claimed
(Application Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/>
(Application Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/>

To the extent permitted by rule or law, I hereby incorporate by reference the Prior Foreign Application(s) listed above.

I hereby claim the benefits under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

(Provisional Application Number)	(Day/Month/Year Filed)
(Provisional Application Number)	(Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 CFR §1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Number)	(Day/Month/Year Filed)	(Status--patented, pending, abandoned)
(Application Number)	(Day/Month/Year Filed)	(Status--patented, pending, abandoned)

I hereby appoint and authorize the attorney(s) and/or agent(s) assigned to customer number 4955, as may from time to time be amended, belonging to the firm of **Ware, Fressola, Van Der Sluys & Adolphson LLP**, to represent me in prosecuting this application and in transacting all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to: Ware, Fressola, Van Der Sluys & Adolphson LLP at (203) 261-1234.
Address all correspondence to customer number: 4955.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Antti RONKKO Full name of sole or first inventor (given name, middle initial, FAMILY NAME(S) IN UPPER CASE)	
<u>Antti Ronkko</u> Inventor's Signature	<u>15.03.2004</u> Date
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Ilpo KAUHANIEMI Full name of second inventor (given name, middle initial, FAMILY NAME(S) IN UPPER CASE)	
<u>Ilpo Kauhaniemi</u> Inventor's Signature	<u>15.03.2004</u> Date
Vantaa, Finland Residence	Finland Citizenship
Post Office Address: Varistontie 14 D, FIN-01660 Vantaa, Finland.	

Full name of third inventor (given name, middle initial, FAMILY NAME(S) IN UPPER CASE)	
_____ Inventor's Signature	_____ Date
_____ Residence	_____ Citizenship
Post Office Address:	

Full name of fourth inventor (given name, middle initial, FAMILY NAME(S) IN UPPER CASE)	
_____ Inventor's Signature	_____ Date
_____ Residence	_____ Citizenship
Post Office Address:	

☐ Additional inventors are being named on separately numbered sheets attached hereto.